

# THE JOURNAL

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NEW MEXICO MEDICAL ASSOCIATION

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**EDITORIAL.**

A bill has passed the present legislature forbidding the "spitting" upon the sidewalks, etc., of the towns of the Territory. This bill is in the right direction and it is to be hoped that it will be enforced. There is entirely too great a disregard for such matters among the people of this country and the sooner we awake to the necessity of obeying the simplest laws of Nature the better we will be and the sooner we will reach the ideal conditions that are possible even in this wicked old world of ours.

Unfortunately it is often impossible to get the authorities to act when a violation of the health laws has occurred and it is necessary that all good physicians and good citizens as well

support the health officers of the Territory in their efforts to better the sanitary conditions of the towns and villages of the Territory. We all know how hard it is to get people to take the ordinary measures of protection in contagious diseases and we have all seen bad results follow a case of some one of the contagious diseases simply because the necessary care was not taken to prevent a spread of the trouble.

Education is the only means of attaining the desired end and the physicians must be the teachers.

Some action should be taken by the New Mexico Medical Association at the Las Cruces meeting looking to an agreement in the matter of insurance fees. There is no reason why the ethical members of the profession in the Territory should not be a unit on the question and stand together in demanding a fee that is in proportion to the work done and the responsibility involved.

Edward Bok, Editor of the *Ladies' Home Journal*, in an article February 23rd, Journal of the A. M. A., declares that his fight against nostrums is being hindered by the inactivity of the medical profession and by its sustained co-operation with the "patent medicine" traffic. He protests that our Journals are still advertising secret proprietary remedies and that we are prescribing the same. Can anyone contradict him? Have we any excuse? Let us remember that the *Ladies' Home Journal* took up this fight when no one else dared, and the satisfaction attained through the combative proclivities of Mr. Bok cannot be measured by the medical profession. Every article attacking patent medicines from the pen of this forceful writer deserves our

highest commendation and more, deserves our active co-operation in everything he suggests, if anything like success is to be gained in this fight.

It is with some pride that we assure our readers that the advertising spaces in this Journal are still closed to all contracts which do not toe the mark.

If, according to Dr. T. D. Crothers in a recent lecture before the Medico-Legal society, the addiction to cocaine is fruitful of a remarkable flow of thought and beauty of diction, the most of us are still satisfied to shuffle along with befuddled ideas and write desultory paragraphs rather than temporize with a pseudo brilliancy and substitute self-respect for a pat on the back.

Dr. Crothers has traced results of the drug's use in the pulpit, in newspaper editorials, on the lecture platform and in several novels which have attracted much attention of late, and it is not strange, when we realize that this country is now importing annually \$400,000 worth of cocaine, as compared to \$50,000 worth a few years back.

If it is true that physicians are using no more in their every day practice, what becomes of this great importation? Is it not a fact that patent medicines contain it, and "fiends" result? then what is to become of the "fiends"?

Below we reprint from an article in a recent issue of the *West Virginia Medical Journal*, several questions and their answers as recorded by candidates for license before the West Virginia examining board.

Comment is useless.

Question No. 10. "Describe the process and purpose of respiration. Why an involuntary act?" Ans. "Respiration taking air in the lungs and passing out—a man simply Breaths Because he it is nature to Breath."

Another simply answers: "The process of respiration is the breathing of pure air."

No. 8. "Describe prostate gland and detail its function. How does ovum get to uterus?" Ans. "It is located just before the entering the Bladder. It becomes Enlarged In old age. It is citrated the Seamen In Ejaculation. It is of use to man when he becomes old. It may be Enlarged and finally cause death."

"The ovum gets to the uterous by working its way from the overy down the tubes to the uterous."

Question No. 7 "Describe the portal circulation." Ans. "The portal circulation—from the left ventricle to the right aricle to the pulmenary vein into the lungs thence back to the heart to the right aricle to the right ventricle to the left auricle then into the pulmenary vein into capilaries to all parts of the body." May the shades of Harvey protect us! Alas! poor liver!

#### NEW MEXICO MEDICAL ASSOCIATION.

The annual meeting of the New Mexico Medical Association will be held in Las Cruces on Wednesday and Thursday, May 8th and 9th. The secretary desires to call the attention of the members to the date and to urge all members to be present. Ample accommodations for all who wish to attend will be easily found and all necessary preparations for the entertainment of the members will be attended to, so that no one need have any fear of not finding suitable accommodations. The Dona Ana County Medical Society is taking an active interest in the work and has promised to see that each has a good time.

The scientific section of the meeting will be given much thought and the secretary desires to request the members who intend presenting papers at this meeting to send him the title as soon as possible. It is hoped that there will be a full supply of papers promised and that the authors will be there in person to read them.

The morning of the second day's session will be devoted to a discussion of Tuberculosis. This discussion is



most timely for there are many features connected with the problem that need discussion at this time. It is not only a question of diagnosis and treatment, but far more important is the need of thoroughly understanding the means necessary to combat the spreading of this disease to the native people as well as the protection of the people of the Territory.

The secretary requests that all papers intended for this special discussion be prepared as soon as possible and that the titles of the same be in his hands not later than April 15th in order that the program may be properly arranged.

Secretaries of county societies are earnestly requested to send in the names of the delegates as soon as possible.

The secretary desires to again call the attention of the members that as the New Mexico Medical Association is the only door to the American Medical Association for physicians in this Territory that all practicing physicians who desire to become members should be supplied with the necessary blanks and he is prepared to furnish blanks to all those who ask for them.

Any information that is desired in regard to the meeting and the arrangements may be had by writing to the secretary, Dr R. E. McBride, Las Cruces, New Mexico.

In the February number of *Colorado Medicine*, Dr. T. M. Burns describes a new method of delivering the head in breech cases. The method is as follows:

As soon as the shoulders are born, the fetal body is lifted upward and the fetal back is laid upon the abdomen of the mother. An assistant is asked to grasp the fetus by the feet and pull, with considerable steady force, towards the mother's head. The operator, facing the vulva, grasps with both hands the fetal shoulders, placing the

palms on the front of the shoulders and the fingers on the upper part of the shoulders; then, with such steady force as may be necessary, pulls, pushing the shoulders directly against the front of the pubes and toward the lower abdomen. The head is delivered slowly, when the fetus is not asphyxiated and there is danger of considerable laceration of the perineum.

The striking difference between this and the classical methods is, that it produces extreme extension of the head instead of flexion; it converts the fetus into a strong immobile rod, and has caused a quick, easy and safe delivery of the head in every case in which we have tried it. (We delivered one head in ten seconds, after the physician in attendance, who had had considerable experience with breech cases, had worked for an hour trying other methods of traction.)

In case the occiput were toward the sacrum, we should place the patient on her left side and carry the fetal back toward the mother's back and produce the same sort of traction on the feet and shoulders as when the occiput is toward the pubes. (We have not had such a case.)

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*The British Journal of Tuberculosis* has issued its initial number. This journal is to be published quarterly and is under the editorial control of T. L. Kelynack, M. D.

The January number contains a number of timely editorials in addition to a number of original papers by eminent men.

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#### NOTES.

*The Physical Culture Magazine* in a series of articles entitled, "Rounding up the Quacks," is waging a meritorious war against all medical fakirs, mail-order grog sellers, and scoundrels of every kind who are enriching themselves at the expense of the sick and ignorant.

\* \* \*

Mrs. Zabrowski, wife of a Polish miner at Fork Ridge, Ky., gave birth to five children, February 21st. The "full house" consists of three kings and a pair of queens, and Mrs. Z. can have the dinero.

# THE BENEFIT OF CLIMATE IN THE CURE OF TUBERCULOSIS.\*

(By Dr. D. H. Carns, Albuquerque.)

In the *Bulletin* of the State Board of Health in Maine, a Special Tuberculosis number, we find several articles contending against the necessity of favorable climatic conditions in the cure of Tuberculosis. These are only illustrative of a tendency on the part of many Physicians in the East to minimize, or entirely discredit, the advantages of this climate and are therefore entitled to respectful consideration at our hands.

In the trial of any case the presiding Judge is always glad for the opposing Attorneys to come together and agree on a statement of the recognized facts in the case. This method saves time and trouble in the trial and simplifies the case to the minds of the Jury.

In presenting before you the benefits of climate in the cure of Tuberculosis, as opposed to those writers, who, through lack of definite personal experience, deny such benefits, we submit the following facts in agreement:

1—We grant that Tuberculosis in its incipient stage can be cured at home in any climate without the necessity of removal, if the patient can be compelled or induced to submit unreservedly to the proper regime of conditions. The difficulty of securing such complete co-operation on the part of the patient, is, however, too well recognized by the Profession.

2—We are also prepared to admit that in the last stages of the disease it is better for the patient, if in limited financial circumstances, to remain at home rather than to leave home and friends and wander in the vain search for a climate that will CURE the INCUR-

ABLE, expecting vaguely to make his living while he is dying.

3—We also, unhesitatingly, accept the incontrovertible fact that proper Sanitarium treatment, even in a HOSTILE climate, is better for the patient, because of the rigid discipline and strict conformity to the proper rules of living, than careless living with possible or probable setbacks in a favorable climate. But at the same time we submit that it is unscientific to set these over, one against the other, in any discussion of the cure of Tuberculosis. If the Medical Profession find a CURE for Tuberculosis, and we believe they will, it must be assumed that the patient MUST co-operate with the Physician in applying such cure.

We might also grant that a case of incipient Tuberculosis, compelled to remain in an unfavorable climate, if cured in such climate at all, might better be cured in the climate in which the patient is compelled afterward to reside.

After all the above, AND THEN SOME, be freely admitted to those who argue against removal to more favorable climate, the question remains reduced to the following form:

IS FAVORABLE CLIMATE A FACTOR IN ADDITION TO ALL OTHER PROPER REMEDIES IN THE CURE OF TUBERCULOSIS?

Let us analyze briefly the factors involved in the cure, according to the status of the matter as it is today. It is confessed by the aforesaid writers that Tuberculosis breeds and thrives in close and unsanitary quarters, such as the crowded tenement localities of large cities; and that one of the PRIME NECESSITIES in the case is TO SECURE for the patient THE MAXIMUM AMOUNT OF FRESH AIR and freedom. Where can such desirable conditions be secured, with equal ease, so well as in this country of boundless plains and AL-

\*Read before the Bernalillo County Medical Society.



MOST PERPEGUAL SUNSHINE? We respectfully submit that it is next to impossible to get a patient to live out doors DAY AND NIGHT in a land of RAIN, COLD WINDS, SLEET and SNOW, whereas it is a pleasure to adhere to this most important rule of health in such a climate as that afforded by ALBUQUERQUE.

Again it is well recognized that mental conditions are a very important factor in the CURE of Consumption. More than the most of us are prepared to admit the removal of the patient from cramped conditions, social, mental and physical, into the unbounded freedom and life of the GREAT WEST, the entire change of atmosphere and conditions involved, accomplish the greatest possible benefit to the health seeker.

In this matter we testify from the depths of a PERSONAL experience, which our opponents have never enjoyed. Imagine telling a man to sit on his porch in a crowded, noisy city and REST, as compared to the same application of the cure in a place where the magnificence of distance and the glory of SUN-BATHED MOUNTAIN and MESA is a REST CURE in itself. We would have our friends distinctly to understand that we are strenuous advocates of the REST AND FRESH AIR CURE here, and do not recommend such things as broncho-busting and mountain climbing, which our Eastern friends often recommend their patient coming West.

The great mistake of the PAST has been—and we could only wish it were entirely of the PAST—that Climate was expected to perform miracles. From this extreme, as is unavoidably the case in every such matter, the PRESENT tendency is to the opposite swing of the Pendulum, to ignore the great value of climatic conditions.

If the West could only be supplied with Sanitariums to supplement the natural healing qualities of its glorious climate, we predict that the percentage of actual cures turned out by them would be far in advance of those now operating so successfully in the East.

I also believe that ALTITUDE is also a FACTOR inversely as it progresses above SEA LEVEL. A RARE Atmosphere strengthens Pulmonary respiration by requiring GREATER EFFORTS IN BREATHING.

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#### CIRCULATORY, RESPIRATORY AND VASO-MOTOR STIMULANTS.\*

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(By Dr. Wm. H. Burr, Gallup, N. Mex.)

The title above covers a department in medical therapeutics in regard to which there are more misleading theories, and imperfect clinical data than probably any other in internal medicine. If any particular investigator finds a haven, there are so many equally reliable(?) writers that differ with him that those who depend for their opinions upon others are still adrift. And this notwithstanding that there is no subject in internal medicine in regard to which it is more important that there should be unanimity. One man affirms that strychnia is the sheet anchor in shock and collapse, and the weakened heart of pneumonia and allied conditions and uses it in heroic doses frequently repeated. Another equally good authority affirms that strychnia is of no use in impending heart failure, that its action is slow and unreliable, that it is irritant to and slowly excreted from the kidneys and is cumulative in its action. One man will give strychnia in doses of 1-30 gr. every two hours in pneumonia, another avers that the drug as so given in

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\*Read before the Bernalillo County Medical Society.

the disease named has numbered its victims in the thousands. One author claims that nitroglycerin and the nitrites are invaluable as heart stimulants in certain conditions, notably pneumonia, and gives them without regard to the special pathology of the case, tension and pulse rate. Another condemns the drugs just named, especially in the weak heart with dilated right ventricle of pneumonia, and accuses them also of hastening fatalities in many cases. And so it is with all the powerful alkaloids: morprine, atropin, digitalin, strophanthin, hyoscin; and the greatest sinner of all is aconitin. I have known physicians who prided themselves on being "little pill doctors" who fed their pneumonia patients, in the late stages of the disease, with a combination of nitroglycerin, atropin, digitalin, and aconitin in heroic doses, the amount being graduated on the ascending scale according to the patient's temperature, until the patient passes in his or her checks. And the humor of it is that the same men claimed to have a large number of cases of pneumonia with a nil mortality. In the meantime the powerful alkaloids are being given in physician's offices, at the bedside, in the clinics, and even in the operating rooms of some of our most skillful surgeons without discrimination and without a fair idea of the underlying pathological condition for which they are given. There are many drugs, as every one knows, that may be taken in the stomach or even injected under the skin in rather indefinite quantities without prejudice to the patient, but once you have an alkaloid of the class mentioned under the skin, its action is sure and remorseless, and cannot be lessened or mitigated except in some cases through administering another powerful remedy of the same class and

in the same manner, and even here we are often just as much at sea, for there is almost as much difference of opinion in regard to antidotes and incompatibles as the drugs for which they are given. A better understanding of such conditions would better conduce to the safe and discriminating use of such drugs—a better understanding of the pathology of each case, and of the action of the drug in such pathological condition.

But where are you to get this information when there are so many diverse opinions regarding the physiological action of almost every drug of the class we are considering? The causes of the confusion are principally two.

1st. The attempt to fit preconceived and often ill digested theories and experiments to clinical results.

2nd. Incomplete and careless observation, and the use of inert drugs, and the best of us are subject to the latter charge. An apt illustration of this is furnished in a recent number of the *N. Y. Record*, in which Dr. Janeway stated that when he went on duty at St. Luke's Hospital, he found all the heart cases taking digitalis, strophanthus, etc., and that for months there had been no change in their condition. He continued these remedies for one month longer no change occurring. Then they secured some English digitalis leaves, prepared an infusion and gave it, when within 48 hours every case but one evidenced the drug action by diuresis and improved heart action.

In order to get some idea of the diversity of opinion regarding the action and indications for the drugs which rank as circulatory, respiratory and Vaso Motor stimulants, I propose to take each drug separately and touch lightly upon some of these diversities,

trusting to the wisdom of your honorable body to unravel the tangle:

*Nitroglycerin, and the Nitrites:*—Dr. Thomas E. Satterthwaite of N. Y., states, *Am. Med.*, Nov. 18, 1905: Lately a good deal has been written about the dangers of the nitrites, nitroglycerin and the nitrates. There is some truth in such allegations, but on the whole the nitrites and nitrates are fairly safe remedies.

According to Crile nitrites cause a fall in blood pressure, but an increase in the strength of the heart, reducing also its frequency. The same may be said of the nitrates. In threatened heart failure I depend more on nitroglycerin than any other remedy, and have never seen it do any harm on these occasions. Doses of 1-60 gr. may be given every five minutes for an hour or two. One of my cardiac patients took as much as 8mg ( $\frac{1}{8}$  gr.) during an asthmatic attack that lasted a couple of hours. By that time the patient was out of danger. But it is well known that very much larger doses have been given without ill effects, after tolerance has been established. At the same time it should be borne in mind that when enormous doses have been taken without obvious ill effect, the preparation may have been inert. Certainly nitroglycerin or the nitrites in tablet form are apt to deteriorate with age.

E. R. Zemp, Prof. Materia Medica, Tenn. Medical College, Knoxville, Tenn., in an article on Pneumonia, *Jour. A. M. A.*, May 26th, 1906, says, in regard to Nitroglycerin as a heart tonic: I shall speak of nitroglycerin only to condemn it. It produces all harm and no good. It cannot be regarded in any sense as a heart stimulant, but it does most certainly paralyze the Pneumogastric, the respiratory and vaso motor systems. It also destroys

the oxygen carrying properties of the blood. No one who clearly understands the physiological action of this drug can be excused for killing a patient with Pneumonia by its use. I am fully aware that some writers advocate its use late in the disease when the right heart is vainly struggling to empty itself. This drug will empty the heart certainly, but unfortunately it will liberate the soul at the same time. It is said to be indicated in cases associated with arteriosclerosis, but it is in such cases that it is most likely to kill and least likely to produce the desired result. I notice that most writers advocate giving the drug at intervals of from 3 to 6 hours, and as the effect of nitroglycerin probably does not last over 30 minutes I am constrained to attribute their success from its use, in a measure at least, to the goodness of God.

Stevens says of the nitrites: "They primarily stimulate the heart, but this action is very evanescent and is soon followed by one of depression \* \* \* The value of nitrites in disease of the circulatory system depends not so much upon their influence upon the heart itself as on their power to lessen arterial tension." \* \* \* and, later speaking of their use in angina says: "Their action, however, is uncertain, and the state of the pulse is no guide to their use," \* \* \* And again: "Nitroglycerin is not a heart stimulant, but a powerful vaso dilator and should never be given unless there is high arterial tension. In acute heart failure such as occurs in pneumonia, anesthesia, and heart disease nitroglycerin is always contraindicated \* \* \* In the heart weakness of low fevers digitalis is inactive and nitroglycerin harmful."

Nitroglycerin is commonly given in combination with digitalin and strychnine.



nia hypodermically in conditions of shock from injury and loss of blood. In both conditions we have lowered arterial tension, arterial depression and the blood paths show signs of relaxation. A condition in which from physiological reasons the drug would seem to be contraindicated.

*Strychnia.* Stevens: "In full doses raises arterial pressure by stimulating the heart and vaso motor system. This action together with its tonic influence upon the stomach and nervous system renders it one of the most valuable remedies that we possess in combating circulatory depression. \* \* \* Administered hypodermically it is especially valuable in surgical shock."

*Strychnia.* Senn: Senn recommends strychnia to prevent shock, and when the condition already exists. Alcohol in shape of whiskey every 15 to 30 minutes until reaction is established. Also recommends camphor, coffee, tea, and in the gravest cases nitrite of amyl.

*Strychnia.* Satterthwaite: "Stimulates respiratory and vaso-motor centers and also the heart itself, but is slowly absorbed and slowly eliminated. In doses over 1-60 gr. produces nervousness and insomnia \* \* \* is of course unless in heart failure in which prompt action is needed, in fact in these cases if pushed it may bring on fatal cardiac contraction."

*Belladonna.* Stevens: "Quickens the pulse by depressing the inhibitory nerves and stimulating the accelerators \* \* \* Raises the arterial pressure by stimulating the vaso motor centers \* \* \* As a circulatory stimulant it is especially useful in shock and collapse" \* \* \* In another place "Atropia has no place in the treatment of cardiac disease, its other actions far out-weighting its stimulant effect on the heart and vaso motor centers."

Zemp, Jour. A. M. A. May 26, 1906,

"This drug should only be used when symptoms of arterial depression appear. Is of immense value just following crisis in pneumonia when the skin is cold and pale and clammy—it is especially indicated in the later stages of this disease, and also whenever the blood paths show signs of relaxation."

*Camphor.* Strange to say, this is the only drug upon which all authors agree, and it is the drug most neglected in the practice of most physicians. It is recommended given in steril oil from 10 per cent to 30 per cent, directions for dosage being very vague. Senn recommends 3 or 4 syringe fulls every 15 minutes until indication of reaction sets in. Four syringe-fulls of a 2 per cent solution would represent 10 grains, and this every 15 minutes for two hours 80 gr.—what the toxic dose is I do not know, but in consideration that poisoning can occur there must be a toxic dose. However, there is one comfort in the thought that you cannot do as much harm with it as you can with the alkaloids.

*Digitalis.* Hall, of Washington, states after reviewing Duoouiez cases: "If my interpretation is just, what I do not undertake to affirm, moderate doses have produced death. Crile has found when an experimental animal was treated with digitalis, during shock, he did not live so long as when digitalis was not given, while if the drug was pushed, heart failure would result. Satterthwaite states in this connection: "Now when we are on the alert to ward off such dangers by combining digitalis with the nitrites, its most dangerous feature is eliminated; but owing to the slow action of digitalis it is useless to give it in heart failure for emergency purposes. \* \* \* If the effect of the dose, whatever its amount is to produce too much tension, by so much is the work of

the heart unnecessarily increased." Digitalis is commonly given in shock, and it would be interesting to know in how many cases, which lived long enough to get the full effect of the drug, were unfortunately terminated through overtension.

*Adrenalin.* Not enough is known about this drug to form a safe working basis, and it is unfortunate that most of the literature has come through the manufacturers. Stevens states that "it causes a marked increase in both the force and rate of the pulse \* \* \* due to direct action of the drug on the heart itself and in part also to its constricting influence on the peripheral blood vessels;" also states in another place "that there is but one indication for adrenalin, and that is in shock, then it should be given intravenously in saline solution."

*Alcohol.* Last, but not least, discarded of many but still a friend to the faithful few. By all rules of physiological therapeutics it would be the last drug for administration in shock and collapse, yet no less an author than Senn advises its administration in doses of 1 oz. every fifteen to thirty minutes until reaction occurs. Its literature is voluminous. It is a paralyzant, a vaso dilator and a poison of the blackest hue, yet it has, if the evidence of honest professional men can be admitted, rescued many a victim from a state of collapse following cholera, typhoid, pneumonia and the long line of infectious diseases and poisons.

I will conclude this paper, which leads to nothing, with a few brief notes of some of my cases, in which the treatment violated all the rules of physiological therapeutics altho all of the victims survived the treatment and most of them are alive today.

Case 1. In November, 1905, was

called to see M. R. Girl, aet. 12, who had been ill for several weeks with typhoid complicated with parenchymatous nephritis. Found patient in state of collapse, hands and arms cold to elbows, limbs cold to knees, no perceptible radial pulse, and heart beat hardly audible. I gave her, between 8 P. M., and 5 a. m., nearly  $\frac{1}{2}$  oz. adrenalin chlorid by mouth, and hypodermically—hypodermics sthrychnia 1-120, and nitroglycerin 1-200 every 2 hours—camphor hypodermically and moderate hypos of ammonia. At 5 A. M. the radial pulse began to be perceptible and by 8 A. M. the patient had a better circulation, general and local than she had had at any time previous for a week or ten days. The venous stasis in the arms was so great and had existed for so long that it was several days before it cleared up although the general circulation was fine. Patient lived for some weeks and finally died from kidney complication.

Case 2. Jap, K. Wantanabe—Poisoned with gas in mine—saw patient at 7 P. M., respiration almost suspended, heart acting regularly but very slow—radial pulse at times almost imperceptible. I gave him as follows:

7:00 P. M., Spts. Glononin Gtt. 111 by mouth.

7:15 P. M., Spts. Glononin Gtt 11 by mouth.

7:30 P. M., Spts Glononin Gtt 1 by mouth Spts. AM Arom M. 40.

7:30 P. M., Spts. Strych sulph. gr 1-25.

7:45 P. M., Spts. Glononin Gtt 11 by mouth.

8:00 P. M., Spts. Glononin Gtt 1.

8:30 P. M., Spts. Glononin Gtt. 1.

9:00 P. M., Atropin 1-100 hypo.

9:00 P. M., Spts. Ammo. Aromat M. 20.

9:45 P. M., Nitroglycerin 1-100.

10:45 P. M., Strych. 1-60 with Atropin 1-100.

In addition to this 2 hot salines the first containing Spts. Ammo. Aromat and the second 1-3 of a glass of whiskey. Between 7 P. M., and 9:45 P. M., the patient ceased breathing several times and used artificial respiration. This patient, within a space of three hours took 12-100 nitroglycerin most of it in a very active form, or nearly 1-8 gr., besides 1-17 gr. strychnia 60 M. Aromat. Spts. Ammo. Hypodermically, and 4 oz. whiskey. How much of the nitroglycerin was absorbed I cannot say, but it did not liberate the soul, though according to physiological therapeutics it was contraindicated. I left a mixture containing strychn. 1-60 with atropin 1-100 to be taken every 3 hours, and the next morning found the patient sitting up in bed, clothed and in his right mind. An odd feature about this case, a few days later the patient who had returned to his work in the mines, was returned to the hospital in a paretic condition, slight paresis of the muscles of arms, circulation somewhat weak, and some paresis of bladder, which lasted only a few days without further complication.

Case 3. J. C., case of pneumonia fifth day. Very little lung involvement at this stage, but decided heart symptoms pointing either to acute dilatation or, possibly pericardial effusion. This patient had a pulse running from 140 to 180 for 48 hours, the heart beats frequently failing to record at the radial pulse to the extent of 30 to 40 beats per minute. Patient had Strychnia sulph. 1-60 gr., adrenalin chlorid M. 20 hypodermically every 3 hours—Camphor  $7\frac{1}{2}$  gr. pro re nata—brandy and ammonia by mouth—hot alcohol baths—digitalis standardized fd ext M. 2 to M. 4 six to eight hours, and in 48 hours was practically out of danger.

In this case the drug that finally seemed to be most efficient in bringing the heart back to a normal condition was fd ext cactus grandiflora which was given in doses of gtt 4 to 8 gtt every 2 to 4 hours for two weeks.

In conclusion I would ask; are experiments on animals, in which pathological conditions are artificially induced, safe guides for use of remedies? Most of us have no opportunity to perform such experiments, and on account of the diversity of opinion as result of such, we are perforce compelled to do our experimenting on the human body. Thankful should we be if we do not write our experience on the tombstones of our patients.

WM. H. BURR,  
Gallup, N. M.

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#### ADENOIDS.

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(By Dr. C. S. Losey, Las Vegas, N. Mex.)

It is to keep an old but interesting ball rolling that I have selected this subject.

Meyer was the first to recognize their growth, in 1868, their importance beginning to be recognized in 1881 at the International Medical Congress in London, but it is only in the past fifteen or twenty years that their real importance has been demonstrated and that the importance of free nasal respiration in childhood upon the development of the upper and lower jaws, teeth, face and chest has been understood. I regret to say that undue importance has been placed upon them in certain instances, and occasionally a child has been operated on unnecessarily.

They are seen most frequently in children under ten years of age, but are not unknown in the adult. Solis Cohen reports a case in a man of seventy years old. They generally under-



go atrophy between the years of 15 and 20. The mode of life and general surroundings has considerable to do with the condition. Children living under bad hygienic conditions are much more susceptible to the condition than those of the better class; but they are found under the most favorable conditions. Heredity seems to play some part and several cases may be found in the children of one family. No race is exempt from this condition, the Hebrew probably being more frequently affected than any other. They are less frequent in warm, dry climates. Inherited syphilis is commonly a forerunner of adenoids. Among the exciting cases may be mentioned, repeated and neglected colds, infectious diseases, foul, smoky air and generally bad hygienic surroundings.

Adenoids consist essentially of a hyperplasia of the lymphoid tissue normally present in the post nasal space. The main part of the growth is attached to the vault of the naso-pharynx and may form a central mass or fill the whole space. Occasionally the center of the P. N. S. may be comparatively clear whilst masses of growth may be seen at the sides in Rosenmüller's fossae and even attached to the posterior lips of the eustachian orifices.

The mass of growth when removed entire is seen to consist of five or six more or less parallel ridges converging above and below. In the intervening recesses mucous secretions or debris is apt to accumulate. In the early stages the growths are soft, later they become more fibrous. They consist of ordinary lymphoid and a variable amount of fibrous tissue covered with epithelium. The latter is two or three layers or more in thickness; the most superficial sells are usually columnar and ciliated, but sometimes in parts squamous or transitional. Occasionally cysts are

found apparently due to obstruction of the follicles. Gorke states that these retention cysts are very common in adults as the result of inflammatory thickening around the opening of the follicles. Sometimes these cysts form abscesses, as in the case reported by Tilley. The amount of fibrous tissue varies a considerable deposit is often found around the vessels, which, perhaps, aids in the obstruction and in the consequent atrophy of the growths.

A great amount of work has been done along the line of tuberculosis and adenoids. The tubercle being found in about nine or ten per cent of cases examined. Other organisms, especially the streptococcus and staphylococcus pyogenes. This is often the cause of enlargement of the cervical lymphatic glands and whenever a chain of large glands is found along the posterior border of the sterno-mastoid muscles, adenoids must be suspected.

#### SYMPTOMS.

Symptoms vary considerably as to the size of the growth. A child is usually a mouth breather, has a stupid, absent-minded expression, speeches nasal and occasionally stammering, and snores during sleep. Many of these little sufferers are unable to blow the nose. Deafness and ear ache are frequent symptoms.

#### DIAGNOSIS.

The diagnosis is made practically certain by the means of posterior rhinoscopy, even in very young children and to my mind is the best method of examination. Occasionally in an unmanageable child digital examination will have to be resorted to. By this method the size and consistency of the growth and also the condition of the posterior ends of the inferior turbinates may be ascertained. A child with

very large tonsils should always be suspected of having adenoids.

#### TREATMENT.

The treatment should be governed by the symptoms. If the growth is small it may be taken under expectant treatment, such as alkaline douches, applications of iodo-glycerine, tannic acid, etc. If the symptoms are marked the only successful termination is by operation. If the child is hard of hearing or is a sufferer from occasional ear ache, the growth should be removed regardless of its size.

The method of operating depends considerably on the operator. My own personal preference is for the forceps and the finger nail or the currette following.

As to the choice of an anaesthetic I prefer ether, but never administered to the point where the reflexes are abolished. A great many children will submit to the operation without any anaesthetic and in selected cases this is the ideal method of operating. With a general anaesthetic I prefer to have the child's head rest in comfortable extension on the table and not to hang over the edge,—not only because it is more difficult to operate in that position, but it has a tendency to increase hemorrhage by pressure on the veins of the neck. In the use of the currette care must be taken not to leave any particles of the growth hanging by a strand of unsevered mucous membrane, because this produces retching and increased bleeding. The after treatment is very slight, quiet for a day or two and not much, if any, douching of the nose unless there is an odor or profuse discharge.

#### PROGNOSIS.

As to the changes in the facial expression it depends largely upon the age at which the operation is done. If

done early, up to the sixth or seventh year, the facial expression is almost invariably restored but after there has been any bony enlargement the results usually remain to some degree.

The dangers of the operation are comparatively slight. Those of chief moment are the anaesthetic, entrance of blood into the larynx and suppurative inflammation of the middle ear; however, fortunately these are very rare. The growths will return occasionally, but the more thoroughly they are removed the less apt are they to return.

C. S. Losey.

#### THE SYMPATHETIC NERVOUS SYSTEM.

(By Dr. F. Palmer, Cerrillos, N. M.)

The sympathetic nervous system is taken in its relation to the general nervous system, but divided this way for study: It is composed of a double chain of ganglia extending from the base of the skull to the tip of the coccyx, three great plexuses, numerous minor plexuses and nerve fibers both communicating and terminating.

The chains of ganglia are composed of twenty-four or five ganglia, three cervical, twelve dorsal, four lumbar and four or five sacral. The chains are united at the base of the brain by the ganglion of ribs and at the tip of coccyx by ganglia Impor, and placed at sides of body of vertebrae.

The verval division is composed of three ganglia, superior, middle and inferior; the superior ganglia sends branches in all directions to larynx, pharynx, internal carotid artery and jugular vein the superior branches pass upward along the internal carotid artery into carotid canal and there divides; these branches pass to base of brain and form the carotid and cavernous plexuses; the cavernous plexus is

located on the cavernous sinus and sends a branch to eye-ball for dilatation of pupil. The vaso-motor fibers which control blood supply to head, pass up through this superior branch to the carotid and cavernous plexuses and then communicates with ganglia at base of skull; from ganglia, the terminating fibres pass to wall of blood vessels; this superior branch controls blood to head and face; if it is cut on one side, the head and face on that side will be reddened, hotter and congested, while the other side is normal, showing blood vessels are dilated and more blood to that area; if the cut end of nerve is stimulated the vessels again become contracted and lessen the blood supply.

The three cervical ganglia are connected by communicating fibers and each ganglia gives off a branch which goes to the cardiac plexus, and these branches are the superior, middle and inferior cardiac branches of the sympathetic.

The thoracic portion of this chain is composed of twelve ganglia which are placed at sides of bodies of vertebrae; they communicate with each other by communicating fibers; the upper four or five ganglia send off branches to supply the thoracic aorta and the third and four send each a branch to the posterior pulmonary plexus; from the lower six or seven ganglia large internal branches are given off which form the great splanchnic area; the nerves which form this area are the greater, lesser and smallest; the greater nerve is formed from branches from the ganglia between the fourth and fifth and ninth or tenth; these branches form a large cord which passes downward and forward pierces the diaphragm and terminates in the solar plexus, sending branches to renal and super renal plexuses. The lesser splanchnic nerve is composed of branches from the tenth

and eleventh ganglia and passes down with the great splanchnic nerve and terminates in solar plexus. The smallest splanchnic nerve is formed by branches from the last thoracic ganglia and passes down to lower part of solar plexus.

The lumbar region is composed of four ganglia which send branches to aortic and hypogastric plexuses.

The sacral portion of the chain is composed of four or five ganglia; the second and third ganglia send branches to hypogastric plexus which are called the nervi erigentes and nervus pudendus, the former being the dilators and the latter the contractors; these nerves control the organs of generation.

Each ganglia of the chain on each side communicates with the nearest spinal nerve by fibers called rami-communicous, both white and gray. The fibers forming the rami-communicous for the most part are the vaso-motor fibers; the vaso motor constrictors passing out between the second thoracic and second lumbar spinal nerves, but the vaso dilators pass out from cord in the spinal nerves all along cord except where the vaso constrictors pass out. These vaso-motor fibers pass out from anterior root through the white rami to sympathetic ganglia from ganglia to the great plexuses of cavities and these arborize around ganglia cells which send out fibers to vessel walls. Those vaso-motor fibers which supply periphery and extremities pass from ganglia through the gray rami-communicous to spinal nerves and to vessels of extremities.

The great plexuses, one the cardiac plexus, is located at the base of heart under arch of aorta and is composed of an aggregation of ganglia and nerve fibers; it is divided into a superficial and a deep plexus and communicates



with minor plexuses as the pulmonary, esophageal and coronary plexuses.

This great plexus receives its nerve supply from the pneumogastric and the three cardiac branches of the sympathetic; the cardiac branches of the sympathetic act as accelerators of heart and send vaso-motor fibers to lungs.

The solar plexus is located behind stomach in front of aorta and crura of diaphragm surrounding coeliac axis and extending downward to pancreas and outward to supra-renal glands; this plexus communicates with numerous minor plexuses, the renal, supra-renal, phrenic, coeliac, superior mesenteric and aortic. This plexus receives the three splanchnic nerves which act as the inhibitors of stomach and intestines, controlling blood supply to these organs, while the branches from the pneumogastric act as accelerators and secretors.

The hypogastric plexus is located in front of promontory of sacrum between the common iliac arteries; it communicates with the aortic, pelvic, inferior hemorrhoidal, vesical, prostatic, vaginal and uterine plexuses. This plexus receives nerve fibers from the sacral sympathetic ganglia; these are of two kinds, the *nervi engentes*, or dilators, and the *nervus pudendus*, or contractors; these dilators and contractors control the organs of generation.

The vaso-motor center in medulla and its subsidiary centers in the spinal cord controls the sympathetic system. It is composed of two parts, a vaso-constrictor part and vaso-dilator part.

In understanding this great system of nerves we can see the effects of the different accidents which may happen to the vaso-motor center. As an example we can take shock; in this we find a great influx of afferent impulses to the brain centers and especially the

vaso-motor center which is paralyzed; this leads to a sudden dilation of vessels of viscera and especially the splanchnic area which receives the greater part of blood.

In this way we can see and work out the effect of drugs on the nervous system. Drugs which act directly on the vaso-motor center either stimulate vessels to contract or dilate. Then the vaso-motor stimulants which act directly on nerve endings in vessel walls. When we have studied out the sympathetic system in this way and its relation to the general nervous system, can study out, knowing how certain stimuli or drugs act, what the result must be.

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#### NEW MEDICAL ACT.

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(Passed by House of Representatives, March 6th, and Council March 14th, 1907.)

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An act to regulate the practice of medicine in New Mexico and to establish a Board of Health and Medical Examiners.

Be it enacted by the Legislative Assembly of the Territory of New Mexico:

Section 1. That a board is hereby established to be called The New Mexico Board of Health and Medical Examiners, which shall be composed of seven reputable physicians of known ability who are graduates of medical colleges in good standing, as herein-after defined, and have been registered practitioners in, and bona fide residents of, the Territory of New Mexico for a period of five years next preceding the date of their appointment. The Governor of New Mexico shall appoint the members of said board as other territorial officers are appointed from a list to be furnished him by the New Mexico Medical Society or Association, and shall from a similar list fill any vacancies occurring in said

board, and may remove any member of said board who fails to perform his duties as hereinafter defined. Three of the members of said board so appointed shall hold their offices for a period of two years and the remaining four members of said board shall hold their offices for a period of four years, and thereafter the members of said board, upon the expiration of the terms aforesaid, shall hold their offices for a period of four years and until their successors are elected and qualified. All members of said board shall qualify as now required by the Board of Regents of the University of New Mexico.

Sec. 2. Within sixty days after their appointment, the members of said board shall meet in the Capitol Building in the City of Santa Fe, New Mexico, and organize by electing one of their number as President, one as Vice President, one as Secretary and one as Treasurer, and thereafter regular meetings of said board shall be held in the said Capitol Building on the second Mondays of January, April, July and October in each year, and there shall be not less than a two days' session at each meeting. Special meetings may be held at any time upon call of the President by written notice to all of the members of the board, in which notice the object of the meeting shall be fully stated. A majority of the members shall constitute a quorum for the transaction of business, but a less number may meet and adjourn to some fixed date.

Sec. 3. The said board shall, upon the production of evidence satisfactory to it, license without examination any reputable person who is a graduate of a medical college in good standing, as defined in this act, who has been in the active practice of his profession for two years next preceding the time of making application for such license and

who personally appears before the board at a regular meeting. A medical college in good standing for the purpose of this act, is defined to be one which has a standard as high as that required by the Association of the American Medical Colleges, and which has ample clinical facilities. Said board, at its April meeting in each year, shall prepare and cause to be printed and distributed for the information of those interested a copy of this law, together with a list to be prepared by such board of colleges in good standing, as defined by this act, and such board may revise such list at any regular meeting. The board shall not recognize any college which misrepresents its records, its teaching, its clinical facilities, or as to its students or graduates. No college of any foreign country shall be recognized, except to the same extent as such foreign country recognizes American colleges and when said foreign college is of good standing under the laws of New Mexico.

No license shall be granted except by the board at a regular meeting, and every applicant for license shall appear in person before such board.

Such board may recognize any honorary or emeritus degree conferred upon any foreigner by any such college as fully and to the same extent as if the applicant were a regular graduate thereof.

Sec. 4. Such board shall also license reputable graduates of colleges in good standing, as defined by this act, who have not been in the active practice of their profession for two years next preceding the time of making application for license; also graduates of any reputable college other than colleges in good standing, as defined by this act, who are of good moral and professional character and conduct, and have served an interne-

ship in a good hospital, or who have taken a six months post-graduate course in some institution having ample clinical facilities, or who have had three or more years of actual practice since graduation. *Provided:* That all applicants for licenses, of the classes referred to in this section, shall be examined on the following, and such other subjects as the board may from time to time prescribe: Anatomy and Histology, 10 questions; Chemistry, 5 questions; Etiology and Hygiene, 5 questions; Physiology, 5 questions; Materia Medica, 10 questions; Therapeutics, 10 questions; Pathology and Bacteriology, 5 questions; Surgery, 10 questions; Physical Diagnosis, 10 questions; Obstetrics, 10 questions; Gynecology, 5 questions; Practice of Medicine, 10 questions; Medical Ethics and Jurisprudence, 5 questions. An average of 75 per cent must be obtained at such examination by each applicant, and not less than 50 per cent must be obtained on each subject; the board shall allow an applicant credit marks of 5 per cent for each 5 years of active practice; *Provided:* That such board may grant licenses without examination to those applicants who have been regular licensed physicians, in other states and territories, having qualifications and requirements equivalent to those required in New Mexico. The President and Secretary of said board are hereby empowered to administer oaths to applicants and all witnesses and others appearing before said board in any application or proceeding provided for herein. And any person making a false oath or affidavit before such President or Secretary in any such proceedings shall be deemed guilty of perjury and be subject to the punishment provided for that crime. Whenever any applicant for such license shall have been examined as here-

inbefore provided, and shall have failed to reach the required percentage in not more than two of any of the subjects hereinbefore designated, the board may in its discretion allow such applicant another examination on the subjects in which he shall have so failed at its next regular meeting, and may in its discretion issue him a temporary license authorizing him to practice medicine in the Territory of New Mexico until such next meeting and until his second examination shall have been passed upon and decided by such board.

Sec. 5. Every person holding a certificate of said Board of Health shall have the same recorded in a book provided for that purpose in the office of the probate clerk of the county wherein the practitioner resides, within thirty days after said certificate is issued, and the date of the recording shall be indorsed on said certificate. Said certificate, or copy of the registration, must be again recorded in any county to which the practitioner may remove permanently. And the fact that no such certificate shall be found recorded in the county where any person practicing or offering to practice medicine shall be accepted by the court as prima facie evidence that no such certificate has been issued, and shall throw the burden of proving that he has a certificate upon the defendant in any suit or prosecution begun against him for the violation of the provisions of this act.

Sec. 6. It is hereby made the duty of this board to refuse to license any person guilty of immoral, dishonorable or unprofessional conduct, and said board shall also revoke and annul any license which has been issued by said board, or any previous board, upon satisfactory proof being made to said board that the holder of said certificate or diploma has been guilty of immoral, dishonorable or unprofessional con-



duct. The code of ethics as adopted by the American Medical Association shall apply to and govern all physicians and surgeons in this Territory heretofore licensed, or who shall hereafter be licensed, to practice medicine in New Mexico. Twenty days notice shall be given in writing to the person accused of improper conduct, with a copy of the charge against him, requiring him on a day named to appear before the board and show cause why his license should not be revoked or cancelled. When any such license has been revoked or cancelled by said board, the said board shall send notice in writing under the hand of the Secretary, which notice shall be filed for record and recorded in the book in which the physicians' licenses are recorded, in the office of the probate clerk of the county in which the person, whose license has been revoked, resides. Any person whose certificate has been revoked or cancelled by said board, under the provisions of this act, who shall hereafter practice or attempt or offer to practice medicine in New Mexico shall thereby become guilty of a misdemeanor and shall be punished as provided in section 9 of this act.

Sec. 7. For the purpose of this act the words "practice of medicine" shall mean to open an office for such purpose or to announce to the public or any individual in any way, a desire or willingness or readiness to treat the sick or afflicted, or to investigate or to diagnose, or offer to investigate or diagnose any physical or mental ailment or disease of any person, or to suggest, recommend, prescribe or direct, for the use of any person, any drug, medicine, appliance or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound, fracture

or bodily injury or deformity, after having received, or with the intent of receiving therefor, either directly or indirectly, any bonus, gift or compensation.

*Provided*, That nothing in this act shall be construed to prohibit gratuitous services in cases of emergency, or the domestic administration of family remedies, or women from practicing midwifery, and this act shall not apply to surgeons of the United States in the discharge of their official duties, and *Provided*, further, that nothing in this act shall be construed so as to interfere with the practice of Osteopathy, Optometry, or Dentistry, as provided for by law.

Sec. 8. Each applicant for a license to practice medicine in New Mexico shall pay the secretary of this board a fee of twenty-five dollars (\$25.00) at the time of making his application.

Sec. 9. Any person who shall practice medicine, or who shall attempt to practice, without first complying with the provisions of this law, and without being the holder of a license entitling him to practice medicine in New Mexico, shall be punished by a fine not to exceed one hundred dollars (\$100.00), or imprisonment in the county jail not to exceed ninety days, or by both such fine and imprisonment in the discretion of the court.

Sec. 10. One-half of every fine collected under the provisions of this act, shall be paid by the court in which conviction is had to the treasurer of the county in which the offense is committed, to be by him placed to the credit of the common school fund of such county. The other half of all such fines and all fees to be provided to be paid shall go to and be the property of said board, and shall be by the treasurer of said board kept in some bank designated by said board. He shall

give bond to the board in the sum of one thousand dollars (\$1,000.00) conditioned for the faithful performance of his duties as treasurer, and that he shall pay over any and all sums of money received by him as such upon the proper order thereof. Such bond shall be given by some fidelity or surety company authorized to do business in this territory, and the premiums therefor shall be paid by the board as one of its necessary expenses. All the expenses of the members of said board necessarily and properly incurred in attending the session of said board, and for necessary supplies, shall be paid out of the funds of said board upon the order of the President, countersigned by the secretary of the said board. The Treasurer of the board shall keep a correct and itemized account of all moneys received and disbursed, and shall make a report to the board at each meeting. The secretary of said board is required to report the doings and proceedings of said board, together with the amount of all moneys by it received and disbursed and on what account, with items, on the first day of December in each year, to the Governor of New Mexico.

Sec. 11. Said board is hereby authorized and empowered to make all necessary rules and regulations for carrying out the provisions of this act.

Sec. 12. An Act of the 35th Legislative Assembly of the Territory of New Mexico, Approved March 12, 1903, entitled "An Act to Regulate the Practice of Medicine in New Mexico," and all acts and parts of acts in conflict herewith are hereby repealed and this act shall be in full force and effect from and after its passage.

Dr. F. B. Romero has changed his location from Albuquerque to Estancia, N. M.

## THE MANAGEMENT OF PREGNANCY.

(Dr. R. E. McBride, Las Cruces.)

Under the above title a series of original articles appear in the February *Therapeutic Gazette*. These articles are written by professors of obstetrics in several of the medical colleges of Philadelphia and are the result of the experiences of their authors in hospitals and private practice in that city. They demonstrate what modern life and civilization has done for the women of society and of our cities generally. They point out the degree of departure from normal natural conditions and are strong evidence of the necessity of physicians making a powerful plea for a return to nature. Imagine the native women of these parts being burdened with all of these instructions even supposing that you saw her at the beginning of her pregnancy—a thing little likely hereabouts. How far would the diet ordered be carried out? How often would the instruction to take a daily bath be obeyed? How many times in the course of the pregnancy would the urine be sent in for examination? These and a host of other instructions would be as righteously disobeyed as we would have them obeyed, always presuming that we could see the patient in the first months of pregnancy.

While there is no question as to the necessity of the instructions that these learned professors are giving their patients day after day, one cannot help but be struck with the almost uniformly good results that are obtained in obstetric practice in the country districts without any former preparation than the retaining of some old granny or "sage-femme." It seems remarkable that there should be a necessity of calling attention to the value of a daily bath or of eating some par-

ticular class of food, all the more remarkable when we consider the scarcity of water in the homes of some of our native folk as well as their daily ration of chili and beans. The contrast between the two extremes is loaded with lessons and they all seem to point to the one thing—get back to nature.

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#### EUTHANASIA.

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It is, indeed, true that, while it is esteemed a mercy to put a suffering animal out of its misery, it is legally murder to do the same kindness for a human being tortured by an incurable malady. \* \* \* Beyond doubt, it would be merciful in cases of hopeless injury, or malady, in which nothing is possible save lingering torture and death. \* \* \* But reflection indicates that it is one of those instances of the suffering of a few for the good of the many. \* \* \* No doubt physicians and friends have released tortured souls from their misery, but they took the terrible risk of the woman in New York, Mrs. Wallau, who is held for murder because (so she says) she heeded the prayer of her mother, who was dying hideously of cancer. \* \* \* If it were permissible for physicians to make death quick and painless, when urged by the sufferer, a gap would be opened in the sacredness we throw about life with which no courts or evidence could cope. \* \* \* Even if an autopsy disclosed that the case was not incurable, there could be no crime, for the character of the act itself would remove the necessary element of criminal intent.

\* \* \* It would simply be a mistake. \* \* \* And even that would be a matter of opinion. \* \* \* One of the worst abuses would be the creation of an easy way to get rid of troublesome, slow-dying, friendless persons. \* \* \* The experience of having been pronounced at the point of death—the assurance of physicians that death was inevitable and only a matter of hours—and yet fully recovering, is not uncommon. \* \* \* There are definite cases, of course, where no doubt can exist. \* \* \* But, as a necessary safeguard, there would have to be established public lethal officers whose examination of the applicant for merciful death and determination of the case would have to be a matter of open record. \* \* \* And, like in all other official acts, abuses would arise. \* \* \* Indeed, once "Euthanasia" were established, and had existed for some time, it would probably develop into a brisk and heartless use of the lethal authority in hospitals to dispose of the mangled or apparently hopeless cases of the friendless. \* \* \* The lethal theory would evolutionize into the easy ethics that the limbless and the disfigured for life should mercifully be spared—that is, put out of the way. \* \* \* It has been proposed that hopeless maniacs should be given lethe. \* \* \* But we hesitate to do that, for it is an infringement on the sacredness of human life. \* \* \* The lives of murderers are taken as a protection to society; they are removed to protect life and we do not, at present, recognize a person's right to take his own life and attempted suicide is a crime. \* \* \* "Euthanasia," at first thought, seems



to be refinement, but upon reflection, it will be seen to open the way to a new callousness toward human life.  
\* \* \* The sufferings of incurables are a sacrifice to the sacredness it is necessary to place about the most precious possession in the world.—  
Editorial *Denver Post*, Mar. 4th, 1907.

*Temperature-Taking in the Groin in Children.*—A. H. Parks points out the advantages of taking the temperature of infants in the closed groin. The oral method is hardly practicable, and there are some dangers in the rectal method in the exposure and possibility of breakage of the instrument, as well as some other inconveniences and objections. He has made comparisons of temperatures taken by the different methods, rectal and inguinal, in 175 children, ranging between four months and five years in age, under identical conditions, and found that the average difference between the temperature of the closed inguinal fold and the rectum is 0.34 F. (0.18 C.), while the normal temperature in the former in the child is 98.5 F. The great facility of the inguinal method was very noticeable, as the natural close apposition of the thigh to the body retained the instrument in place, and the retention of the thermometer in the groin was accomplished without any crying or uneasiness on the part of the child. In extremely emaciated cases it may be better to use the internal method, but when it is possible to use the external method the groin possesses decided advantages over the axilla. The usual variation between the groin temperature and that of the rectum (1-3 degree) is so small as to be practically disregarded for clinical purposes, and the absence of many of the objectionable features of the rectal method and the ease and reliability of the groin

method give the latter several points of vantage. These should recommend it not only in hospital, but more especially in home practice among children.—*Jour. A. M. A.*, Sept. 29, 1906.

#### CORRESPONDENCE.

(Section 7 of the Pure Food Bill.)

The following correspondence is published for the benefit of the physicians in the Territory.

Silver City, New Mexico,  
December 18, 1906.

Dr. R. E. McBride,  
Las Cruces.

Dear Doctor:—

The question has been raised here as to whether Section 7 of the Pure Food bill applies to the labeling of physician's prescriptions. I write to ask if any action has been taken by the Territorial Association looking to the securing of an opinion of the Attorney General on this point. If not do you think such action wise to settle once for all the discussion of this matter in the Territory.

Thanking you in advance, etc., I am,  
Sincerely yours,  
WILLIAM MAC LAKE.

On receipt of this letter the secretary wrote to the secretary of the American Medical Association and in due time received the following reply:

Chicago, Ill., 1-25-'07.

Dr. R. E. McBride,  
Las Cruces, N. M.

Dear Doctor:—

It has required a little correspondence to secure the information asked for in your letter of December 23, and even now the matter is not settled. The Department of Agriculture informs us that when packages are put up in ac-

cordance with physicians' prescriptions, entering into interstate commerce, the Food and Drugs Act undoubtedly applies, but when prescriptions originate in territories and do not go outside, the matter is not surely the same. A decision on this point is expected from the Department of Justice, which is now considering the matter.

Very truly yours,

JOURNAL AMERICAN MEDICAL ASS'N.

E. E. H.

Up to the time of going to press no further information has been received on this matter, but as soon as a decision is reached the secretary will see that it is made public.

#### TO THE JOURNAL:

I notice in the new Medical Law an article which I feel certain must have slipped by the alert censorship of the committee, and which in view of a recent decision is to the profession of vital importance, if it is expected to get rid of fake remedies, appliances or suggestions.

Sec. 7—Defining practice of medicine closes as follows: "After having received or with the intent of receiving therefor, either directly or indirectly, any bonus, gift or compensation."

As a matter of fact, in a recent attempt by the Board of Health to prosecute a so-called lung remedy for the cure of everything from "pip" to tuberculosis, the defendants swore positively that they did not receive—nor had they received any money from those who had taken the treatment and what was more astonishing, their clients likewise testified that they had never paid any money for their treatments.

While such statements were open to legitimate criticism as to veracity the

Court under the law had nothing to do but to discharge the defendants.

It was the contention and some of the members of the Board endeavored to so change this section in the former law that this contingency might be met, but evidently they were unable to do so—probably from the fact that the idea of examinations dwarfed all other considerations in the eyes of those urging this law.

J. H. W.

*What to Do.*—Mr. Choate's quickness at repartee is well illustrated by the following story: During a "week-end" at an English country house, his neighbor at breakfast one morning chanced to be a pretty American who had come to misfortune in trying to manipulate her egg in the English fashion. With a face full of dismay she turned to him: "Oh, Mr. Choate, what shall I do? I've dropped an egg!"

"Cackle, madame, cackle," answered the ambassador.—*Retail Druggist.*

*Poor Memories.*—The doctor's wife was remarking that her husband's memory was failing. "Why," she said, "The other evening he forgot his medicine case and made a three-mile trip to the country without it." "That's nothing," said the traveling-man's wife; "my husband beats that. He came home the other day and patted me on the cheeks, looked me square in the eye, and said: 'Girl, I believe I have seen you before—what's your name?'"—*Cour of Med.*

D. Appleton and Company, New York, will be pleased to forward to any of our subscribers a copy of their new illustrated catalogue for 1907 upon receipt of a postal with address.

## BOOK REVIEW

## DISEASES OF THE LUNGS.

(By Dr. Robert Hall Babcock, A. M., M. D.,  
Chicago. D. Appleton & Company, Pub-  
lishers.)

Price in cloth, \$6.00.

The most exhaustive and yet com-  
presensive work upon this subject  
which has ever been published. It is a  
companion volume to that upon DIS-  
EASES OF THE HEART, published a  
short time ago. The author's individ-  
uality is shown throughout, and the  
many records of interesting cases  
which are of great concern and very  
helpful in diagnosis for the general  
practitioner are given in most attract-  
ive style.

Differential diagnosis and treatment  
are given the attention which their im-  
portance demands. Every physician in  
the Territory will be benefited by  
having this work for consultation.

The chapter on PULMONARY TUBER-  
CULOSIS is exhaustive and the chapter  
on TREATMENT of the same includes  
sections on,

The Modern Sanatorium Treatment,  
Home Treatment Based on Modern  
Sanatorium Methods,

Symptomatic Treatment,

Drug Therapy,

Climatotherapy.

Treatment by Means of Tuberculin,  
Treatment by Means of Anti-tuber-  
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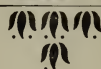
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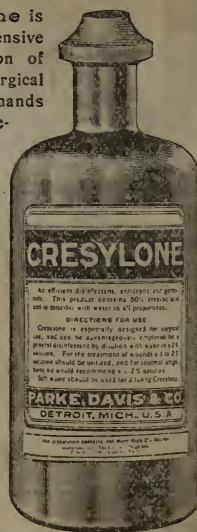
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